

## Office of Racing Commissioner SULFADIAZINE AND PYRIMETHAMINE ELIGIBILITY

Date			
Horse Name			Tattoo No.
Color	Breed	Sex	Year Foaled
Trainer (Printed)		License No.	
Licensed Veterinarian (Printed)		MI Vet License No.	
Diagnosis Determined through			
☐ Positive cerebrospinal fluid test		Positive blood serum test	
☐ Test results are attached			
Copy of the prescription is attached			
By signing below, I certify that the above named horse was diagnosed with EPM, is being treated with sulfadiazine and pyrimethamine and the horse's EPM is in remission and under control and that the horse is otherwise racing sound and is fit to race.			
Licensed Veterinaria	an (Signature)	 Date	